

Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

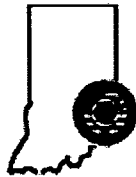
Page 151 of 182  
Encounter Date: 04/07/2020 05:18 PM

STATE001746

**DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE NOTE**

**SITE: CIC**

**COMPLETED BY: Yvonne A. Harmon, RN 04/06/2020 5:22 AM**



**State of Indiana**

Division of Medical and Clinical Healthcare Services

Department of Correction

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

**PATIENT:**

**JONATHAN RICHARDSON**

**DATE OF BIRTH:**

**DOC #:**

127630

**DATE:**

04/06/2020 5:22 AM

**VISIT TYPE:**

Administrative Note

**Tracking Information**

Date of occurrence 04/06/2020

Time of occurrence 3:15 am

**Type of request**

refused labs

**Issue**

signed refusal for lab draw today

**Provider: Yoko Savino MD**

**Document generated by: Yvonne A. Harmon, RN 04/06/2020 05:23 AM**

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204



**State of Indiana**

**Department of Correction**

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 04/02/2020 5:57 PM  
VISIT TYPE: Medication Management without Psychotherapy

**ASSESSMENT COMPLETED ON 4/1/2020**

**Individuals Present**

Contact type: Telemedicine

Individual present

**Support Resources**

Full Name	Relationship	Home Phone	Work Phone	Effective Date	End Date	Comments
-----------	--------------	------------	------------	----------------	----------	----------

**Prescriber's Evaluation**

Gender Dysphoria Evaluation

Interview conducted by telepsychiatry

Preferred name: Autumn

Preferred pronouns: she/her/hers

Gender history:

Richardson is a 37 yo offender who identifies as transfemale and presents for gender dysphoria evaluation. Report identifying as female since she was a little girl. Grew up in Alaska, adopted by older couple. Didn't know that transgender identity existed. She reports she was always helping mom doing baking, sewing. She reports having expectations to like sports, work on cars. Felt emotionally connected to other females, wanted to get to know them. Want to kiss boys at that age though did not attempt it.

Reports feeling uncomfortable in her own skin, would try on mother's clothes. Grew up in Pentecostal family and military family which was difficult so she did not feel expressing her feelings of dysphoria. Reports first interaction with male was with an adoptive brother growing up. Was into poetry and home economics in school. Had small group of friends, never expressed sexuality to family. Feels like she grew up as a loner. She reports feeling a need to express herself but felt she could not. Expresses distrust of psych doctors.

Did not feel she could express herself until she went to a boys school (for lighting fires at school). At boys school, she was allowed to wear what she wanted to wear. Began dressing "goth"- black nail polish and lipstick and liked this for

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 153 of 182  
Encounter Date: 04/02/2020 05:57 PM

STATE001748

not being judged for wearing make up. Had homosexual friend named Dom and talked to him about her feelings. Expresses she told Dom that she liked boys but liked boys because she was a girl. Had a girlfriend (Autumn) to whom she disclosed her transgender status.

Peripubertal stress: As a teen, she reports noting she was growing more hair on her body (felt sickened by it). She noticed her genitalia was growing which was disappointing. She didn't have any discussions about puberty with anyone. For a few years, she was sexually abused by brother (12yo-14yo). Felt a lot of anger about body, started cutting, was self-harming. Tried to kill herself "on the streets", felt cutting was a way to make a change she could control to her body. Would cut on arms, chest, and inner thighs.

Dropped out of high school at boys school, received GED but went to live with sister. While living with sister, would wear female undergarments or dresses in her room. Would sometimes walk on the street in wig and feminine clothes. Visited birth mother and tried to express gender identity to mother but she thought she was "just gay". Met a woman and helped her raise her child (wasn't offender's child). Ex-wife caught her wearing women's clothing but ex-wife called her a "fag". Currently incarcerated for murder of stepdaughter. She feels she caused the death of her stepdaughter due to not being able to express herself (anger, sadness). Was abusive and caused death of child in her care. She reports part of her decision making in murder were due to anger from not being able to express herself.

While incarcerated, she began hearing about transgender folks in media and TV. She didn't know if she could express this in prison. Reports she has tried to commit suicide in the past due to not being able to express female gender identity. Feels persecuted by staff and peers. While incarcerated, has started coming out as Autumn. Has 7 years left. Doesn't want to leave prison without making a change to make the steps towards being the person she should be. Has also been trying to express her sexuality in prison- makes comments about male offenders, is then called a "fag". "I know I'm a female and I'm not going to keep acting like I'm not." If peers make derogatory comments about women, she feels offended. She reports she is shaving more (used to use facial hair as blending tactic), wearing tighter jumpsuit, uses mesh laundry bag as a corset for boost to chest. Reports she usually tucks but only disclosed when asked. Can't wear make up in prison, women's clothing. She reports using tattoos as representations of female she wanted on her body. She feels some of her tattoos were her way to express the feminine side of herself. Has female crawling out of her third eye on her head so female crawling out is supposed to represent the female escaping from her body.

First mention of transgender state in records: July 2019

Note expressions of sexual fantasies with underage girls in therapy records. Denies feeling aroused by women's clothing, felt comfortable.

#### Expectations:

She reports knowing transitioning wouldn't make huge changes. Knows she may grow breasts. She hopes this is a foundation she can start so she has a foundation to really transition when she leaves prison. Wants to be identified as a woman. Wants to transition in prison with mental health support. Unsure of what to expect- would love to have hair loss on body, would like feminine muscular structure. Hoping for any change.

#### What if expectations are not met?

If she didn't reach expectations, would hopefully be able to reach out to mental health providers. Would also try to avoid self-harm as this has been her coping tool. For past 10 years, hasn't had lots of self-harm or suicide attempt. Cites this is due to "getting to know myself"- "to know yourself is to love yourself"

#### How do you cope with stress?

Used to bottle up her emotions then cause explosion, attempted suicide or violence on self or others (feels she has come a long way on that). Turns to spirituality, using meditative techniques.

**Mood:**

She reports feeling more optimistic due to being released soon. She feels hopeful she could make something of her life. She reports having a few bouts of depression during GD process due to not knowing what will happen. Mood today "better mood...nervous". Sleeping: Good. Eating: Tries not to eat much.

Reports doing an eval for borderline personality disorder. Has tried not to think about denying affirming treatment. Feels she would enter a depression and may self-harm (worst case scenario).

Endorses feeling intermittent SI, doesn't act on it, "I always have those thoughts." Feels she is a planner. Reports SI due to not liking what she sees in the mirror. Feels she is wearing a mask. Denies current SI/HI. Denies AVH. Reports lying about having AVH in the past to get on medications like thorazine, tegretol. Recognizes she has a level of manipulative behavior.

If she starts to transition, she doesn't feel she is getting any hostility as expected. Not a lot of straight confrontation. Doesn't expect violence.

Impair functioning: Feels male body makes her to keep living the stereotype that people expect from her, has to "keep living a lie". Causes stress and depression. Feels it's "debilitating"

Past Psych Hx: History obtained from patient and from chart review

Dx: MDD (previously with and without psychosis), polysubstance dependence, borderline personality disorder, paranoid schizophrenia, antisocial personality disorder. She reports PTSD, emotional handicap, megalomania, narcissism, manic depressive, schizophrenia. Disagrees with all diagnoses.

Inpatient: Hx of Mulberry Center (convinced another kid to cut her wrists with scissors). Newcastle psych ward for cutting back of head (claiming seizures and hitting back of head)

Suicide attempts: Reports cut wrists, overdose (4-5x). Boiled fingers in hot pot due to wanting to die. Had gangrene in fingers. Reportedly bit her fingers off. Wanted to commit suicide due to being in on "child murder", was fearful of others killing her. Light cell on fire (lots of burns on body)

Family Hx: "My family was murderers and incest"

Social Hx:

Trauma: Physical abuse and neglect leading to removal from biological parents

Sexual abuse from sibling

Reportedly a child of incest

**Transition to Date:**

Disclosed gender identity to friends and/or family. Has not come out to family (all passed away), told Autumn and ex-wife in past with poor results

Began presenting full time in affirmed gender: not yet

Began gender affirming hormones: denies

Gender affirming top surgery: denies, would like to grow naturally

Gender affirming bottom surgery: possibly, would like to trial hormones first

Legal name change: desires

Legal gender marker change: denies

**MSE:**

Appearance: appears stated age, bald head, thick glasses, tattoos covering face and scalp, burns present on arms, fingers missing on right hand

Attitude: cooperative

Behavior: No PMA or PMR, no tics or tremors

Mood: "better...nervous"

Affect: constricted

Patient Name: RICHARDSON, JONATHAN

ID: 127630 Date of Birth: [REDACTED]

Page 155 of 182

Encounter Date: 04/02/2020 05:57 PM

STATE001750

Speech: normal rate/rhythm/volume, eloquent speaker  
Thought content: denies SI/HI/AVH  
Thought Process: linear, goal-directed, future oriented  
Cognition: intact  
Insight: fair  
Judgment: questionable

#### **ASSESSMENT AND PLAN:**

Offender is a 37 yo transfemale (she/her/hers pronouns) who presents for evaluation for gender dysphoria. She presents an interesting case. On interview, she seems to express criteria for gender dysphoria (including incongruence between expressed gender and primary sex characteristics, desire to be rid of primary characteristics, desire for primary or secondary characteristics of a female, desire to be different gender than assigned gender, desire to be treated as female, and strong conviction that she has typical feelings and reactions of different gender than assigned gender). She also expresses impairment in social functioning, mainly that the anger from being unable to express her true self has led to criminal behavior and self-harm in the past.

The confounding factor for this individual is her history of borderline personality disorder and history of body alteration/mutilation (burning body, burning and biting off fingers, cutting, multiple tattoos covering face and body) as a form of self harm. In discussions with her psychologist, Dr. Gale (who has known the offender for multiple years), her expression of gender dysphoria was first noted in July 2019. Though individuals may "come out" as transgender at any time, the timing given her long sentence and engagement with mental health is noteworthy. Disclosure timing paired with self-reporting of being a "master manipulator" also raises concern for secondary gain. However, writer was unable to ascertain secondary gain during interview despite questioning. One must also consider if her decision to alter her body through gender affirming treatments is another act of body alteration/mutilation or otherwise, self-harm, associated with borderline personality disorder. For example, one may consider gender affirming bottom surgery as a form of self-harm (penectomy, orchiectomy). One may also argue, however, that she reports previously harming her body due to not feeling it is matching her gender.

Due to these questions, advice regarding gender dysphoria diagnosis is inconclusive, pending discussion with gender dysphoria committee. It may be beneficial to have results of MMPI moving forward. Thinking through risk/benefit analysis, the risk of preventing gender affirming treatment (like hormones) that may alleviate dysphoria outweighs the risk of receiving gender affirming treatment. It may be beneficial to support this individual during hormone treatments and continually re-assess dysphoria and adjustments to body changes. If individual should pursue surgical interventions in the future, re-assessment at that time would be strongly recommended.

#### **Risk Assessment**

##### **Safety Management Plan**

No currently expressed active suicidal or homicidal ideation or intent. No current need for safety plan.

#### **Medication Information**

### Assessment/Diagnosis

#### AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

#### AXIS V

Current GAF: 68

Date: 03/16/2020.

Highest GAF: 68

Date: 02/25/2020.

### Allergy

Ingredient	Reaction	Medication Name	Comment
IBUPROFEN	Rash		
PENICILLINS	Rash		
CEFTRIAXONE SODIUM	SOB, chest pressure, rash	ROCEPHIN	Pt was given 0.5mg Epi x1 and NS IV w/ good results

### Active Medication

Medication	Sig Desc	PRN Status	PRN Reason	Start Date	Stop Date
Xopenex HFA 45 mcg/actuation aerosol inhaler	inhale 2 puff by inhalation route every 6 hours, as needed.	N		10/14/2019	04/10/2020
ipratropium bromide 0.02 % solution for inhalation	inhale 2.5 milliliter by inhalation route twice daily as needed, MIX WITH ALBUTEROL	N		10/14/2019	04/10/2020
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	inhale 3 milliliter by nebulization route 2 times every day, as needed	N		10/14/2019	04/10/2020

### SIGNATURES

Psychiatrist: Signed by Corissa E. Dionisio, MD, on 04/02/2020

Document generated by: Corissa E. Dionisio, MD 04/02/2020 05:59 PM

Indiana Government Center South

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 157 of 182  
Encounter Date: 04/02/2020 05:57 PM

STATE001752

302 W. Washington Street  
Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 158 of 182  
Encounter Date: 04/02/2020 05:57 PM

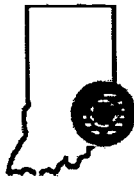
STATE001753



**DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE NOTE**

**SITE: CIC**

**COMPLETED BY: Tina Collins, RN 03/31/2020 4:21 PM**



**State of Indiana**

Division of Medical and Clinical Healthcare Services

Department of Correction

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

**PATIENT:**  
**DATE OF BIRTH:**  
**DOC #:**  
**DATE:**  
**VISIT TYPE:**

**JONATHAN RICHARDSON**

127630

03/31/2020 4:21 PM

Administrative Note

**Issue**

lab appt

**Additional comments**

Patient was scheduled for lab draw this morning at 3 am and did not attend appt. Will reschedule.

**Provider: Yoko Savino MD**

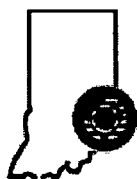
**Document generated by: Tina Collins, RN 03/31/2020 04:22 PM**

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**DEPARTMENT OF CORRECTIONS  
ADMINISTRATIVE NOTE**

**SITE: CIC**

**COMPLETED BY: Tina Collins, RN 03/26/2020 11:27 AM**



**State of Indiana**

Division of Medical and Clinical Healthcare Services

Department of Correction

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

PATIENT:	JONATHAN RICHARDSON
DATE OF BIRTH:	[REDACTED]
DOC #:	127630
DATE:	03/26/2020 11:27 AM
VISIT TYPE:	Administrative Note

**Issue**

Lab appt

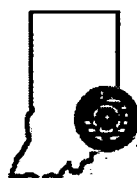
**Additional comments**

Patient was scheduled for lab draw this morning at 3 am and did not attend appt. Will reschedule.

**Provider: Yoko Savino MD**

**Document generated by: Tina Collins, RN 03/26/2020 11:27 AM**

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204



# State of Indiana

Department of Correction

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 03/24/2020 6:48 PM  
VISIT TYPE: Chart Update

## Nurse Visit

Reason for visit: CC lab order

### Nurse Protocols:

#### Review/Comments

Patient smokes 20.00 packs a year

### Medications

Medication	Sig	PRN Status	PRN Reason	Comment
albuterol sulfate 2.5 mg/3 mL (0.083 %) solution for nebulization	inhale 3 milliliter by nebulization route 2 times every day, as needed	N		
ipratropium bromide 0.02 % solution for inhalation	inhale 2.5 milliliter by inhalation route twice daily as needed, MIX WITH ALBUTEROL	N		
Xopenex HFA 45 mcg/actuation aerosol inhaler	inhale 2 puff by inhalation route every 6 hours, as needed.	N		

### Orders

Status	Order	Timeframe	Frequency	Duration	Stop Date
ordered	HEPATIC FUNCTION PANEL (LFTs)				
ordered	LIPID (CARDIAC) PANEL(INCL CHOLESTEROL, TRIG, HDL, LDL)				

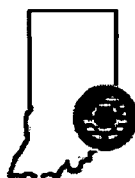
Document generated by: Tina Collins, RN 03/24/2020 06:49 PM

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 161 of 182  
Encounter Date: 03/24/2020 06:48 PM

STATE001756

-----  
---  
Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204



**State of Indiana**

**Department of Correction**

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 03/16/2020 1:03 PM  
HISTORIAN: self  
VISIT TYPE: Onsite Consult

**Individual Counsel/Psych Prog Note**

**General**

Program Name: Outpatient

Start time: 1:00 PM

End time: 00 hours, 50 minutes

Duration: 00 hours, 50 minutes

**Individuals Present/Support Resources**

Contact type:

Onsite

Individual present

**MENTAL STATUS EXAM**

**GENERAL OBSERVATIONS:**

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

**MENTAL STATUS:**

Unremarkable

Mood: Euthymic

Affect: Full

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 163 of 182  
Encounter Date: 03/16/2020 01:03 PM

STATE001758

Speech: Clear  
Thought process: Logical  
Perception: WNL  
Hallucination: Denied None evidenced  
Thought content: Within normal limits  
Delusions: None Reported  
Cognition: Within normal limits  
Intelligence estimate: Average  
Insight: Within normal limits  
Judgment: Within normal limits

### Subjective Information

Individual's report of progress towards goals/objectives since last session:

Ofd. seen for scheduled follow-up therapy visit. Ofd. requests to be referred to by feminine pronouns. She reports that she has been given a job as a baker in the kitchen, which is a move up from general laborer. She enjoys this somewhat, but refrains from showing too much enthusiasm. She asks about the ongoing gender dysphoria evaluation being completed and expresses some frustration at the pace. Denies SI or HI.

New issues/stressors/extraordinary events presented today: None reported

### Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Alleviate depressive symptoms	Identifies negative thinking supporting depression

#### Interventions/Methods Provided:

Psychologist explored positive coping strategies the offender uses to deal with emotional turmoil but also with the monotony of incarceration in general. Specifically, encouraged the offender to talk about ways in which engaging in dungeon mastering for Dungeons and Dragons allows her both to mentally escape from the realities of prison life and also to express herself creatively, along with exercising her skills as a social influencer.

#### Response to Interventions/Progress Toward Goals and Objectives:

Stable.

### Current Assessment

Individual's progress: Some progress

#### Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant. Depression is significant and improved. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

### Risk Assessment

#### CURRENT ENCOUNTER

Risk Assessments
Patient denies suicidal ideation, plan, intent, and/or attempt.
Patient denies property damage ideation, plan, intent, and/or attempt.
Patient denies homicidal ideation, plan, intent, and/or attempt.

#### RISK ASSESSMENT HISTORY

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 164 of 182  
Encounter Date: 03/16/2020 01:03 PM

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		03/16/2020	03/16/2020	No				
Property	Denies		03/16/2020	03/16/2020	No				
Homicide	Denies		03/16/2020	03/16/2020	No				

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt Description
---------	-----------------------	----------------------------	----------------------	--------------------------

#### SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

#### Assessment/Diagnosis

##### AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

##### AXIS V

Current GAF: 68

Date: 03/16/2020.

Highest GAF: 68

Date: 02/25/2020.

#### Plan and Additional Information

Date	Order Description
04/06/2020	MHP follow-up for Ind Tx / ongoing GD eval

#### SIGNATURES

Staff: Signed by Richard J. Gale, PsyD, HSPP on 03/20/2020

#### Behavioral Health Billing

Start time: 1:00 PM  
End time: 1:50 PM  
Duration: 00 hours, 50 minutes  
Modifier: N/A

Document generated by: Richard J. Gale, PsyD 03/20/2020 10:09 AM

Indiana Government Center South

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 165 of 182  
Encounter Date: 03/16/2020 01:03 PM

STATE001760

302 W. Washington Street  
Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 · Date of Birth: [REDACTED]

Page 166 of 182  
Encounter Date: 03/16/2020 01:03 PM

STATE001761





**State of Indiana**

**Department of Correction**

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC#: 127630  
DATE: 02/25/2020 4:43 PM  
VISIT TYPE: Onsite Consult

**INDIVIDUALIZED ACTION PLAN**

Program name: Outpatient  
Admission date: 06/09/2016  
Effective date of initial IAP:  
Next review date: 08/25/2020

**GOALS, OBJECTIVES AND INTERVENTIONS**

**Goal 3: Alleviate depressive symptoms (continued)**

Target date: 08/25/2020  
Adjusted target date: 09/07/2017 (Adjusted as per IAP review dated 05/01/2018)

Assessed need: Depression

Individual's strength/skills: {local.txt\_strengths}

Potential barriers: {local.txt\_barriers}

- Objective 1: Identifies negative thinking supporting depression (continued)

Start date: 06/30/2012

Target date: 08/25/2020

Adjusted target date: 09/07/2017 (Adjusted as per IAP review dated 05/01/2018)

-- Intervention 1: Individual Therapy

Frequency: q 90 days Type of provider: MHP

- Objective 2: Verbalizes increased feelings of self worth (continued)

Start date: 06/30/2012

Target date: 08/25/2020

Adjusted target date: 09/07/2017 (Adjusted as per IAP review dated 03/07/2017)

-- Intervention 2: Individual Therapy

Frequency: q 90 days Type of provider: MHP

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 167 of 182  
Encounter Date: 02/25/2020 04:43 PM

STATE001762

**Goal 4: Determine whether the offender meets criteria for gender dysphoria / determine appropriate treatment (continued)**

Start date: 07/22/2019

Target date: 08/25/2020

Assessed need: Evaluation for gender dysphoria

Individual's strength/skills: {local.txt\_stengths}

Potential barriers: {local.txt\_barriers}

- Objective 1: Gather history and report of past and present symptoms that may support a diagnosis of gender dysphoria (continued)

Start date: 07/22/2019

Target date: 08/25/2020

Adjusted target date: (Adjusted as per IAP review dated 05/01/2018)

-- Intervention 1: Gender Dysphoria Evaluation and, if appropriate, staffing with multidisciplinary team to determine whether a diagnosis of gender dysphoria will be made.

Frequency: monthly      Type of provider: Psychologist

## TRANSITION/DISCHARGE CRITERIA

Individual has participated in the development of this plan:

Yes

Others participated in the development of this plan:

No

---

## SIGNATURES

Staff: Signed by Richard J. Gale, PsyD, HSPP on 02/25/2020

*Document generated by: Richard J. Gale, PsyD 02/25/2020 04:49 PM*

---

Patient Name: RICHARDSON, JONATHAN  
ID: 127630    Date of Birth: [REDACTED]

Page 168 of 182  
Encounter Date: 02/25/2020 04:43 PM

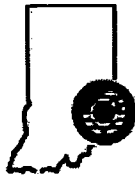
STATE001763

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 169 of 182  
Encounter Date: 02/25/2020 04:43 PM

STATE001764



**State of Indiana**

**Department of Correction**

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 02/25/2020 4:43 PM  
HISTORIAN: self  
VISIT TYPE: Onsite Consult

**Individual Counsel/Psych Prog Note**

**General**

Program Name: Outpatient

Start time: 1:35 PM

End time: 00 hours, 55 minutes

Duration: 00 hours, 55 minutes

**Individuals Present/Support Resources**

Contact type:

Onsite

Individual present

**MENTAL STATUS EXAM**

**GENERAL OBSERVATIONS:**

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

**MENTAL STATUS:**

Unremarkable

Mood: Euthymic

Affect: Full

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 170 of 182  
Encounter Date: 02/25/2020 04:43 PM

STATE001765

Speech: Clear  
Thought process: Logical  
Perception: WNL  
Hallucination: Denied None evidenced  
Thought content: Within normal limits  
Delusions: None Reported  
Cognition: Within normal limits  
Intelligence estimate: Average  
Insight: Within normal limits  
Judgment: Within normal limits

### Subjective Information

Individual's report of progress towards goals/objectives since last session:

Ofd. seen early for individual therapy because she came over early from his job in the kitchen. She reports that she is sorry about being grumpy during the last visit, and explains that there was more going on than just her dissatisfaction with the slow pace of the gender dysphoria eval. She explains that she is codependent with friends, and this has been causing problems in her relationship with others. Denies SI/HI.

New issues/stressors/extraordinary events presented today: None reported

### Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Alleviate depressive symptoms	Identifies negative thinking supporting depression

### Interventions/Methods Provided:

Psychologist explored interpersonal communication skills with ofd. Discussed healthy versus unhealthy bonding styles and the ways that they can affect the quality of a relationship with someone else. Encouraged ofd. to process these discussions from an emotional rather than sterile and logical point of view. Reinforced her willingness to apologize for her interaction at the last visit.

Response to Interventions/Progress Toward Goals and Objectives:

Stable.

### Current Assessment

Individual's progress: Some progress

### Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant. Depression is significant and improved. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

### Risk Assessment

#### CURRENT ENCOUNTER

Risk Assessments
Patient denies suicidal ideation, plan, intent, and/or attempt.
Patient denies property damage ideation, plan, intent, and/or attempt.
Patient denies homicidal ideation, plan, intent, and/or attempt.

#### RISK ASSESSMENT HISTORY

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 171 of 182  
Encounter Date: 02/25/2020 04:43 PM

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		02/25/2020	02/25/2020	No				
Property	Denies		02/25/2020	02/25/2020	No				
Homicide	Denies		02/25/2020	02/25/2020	No				

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan	Attempt Description
---------	-----------------------	----------------------------	----------------------	------	---------------------

#### SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

#### Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 68

Date: 02/25/2020.

Highest GAF: 68

Date: 02/25/2020.

#### Plan and Additional Information

Date	Order Description
03/17/2020	MHP follow-up for Ind Tx

#### SIGNATURES

Staff: Signed by Richard J. Gale, PsyD, HSPP on 02/25/2020

#### Behavioral Health Billing

Start time: 1:35 PM  
End time: 2:30 PM  
Duration: 00 hours, 55 minutes  
Modifier: N/A

Document generated by: Richard J. Gale, PsyD 02/25/2020 04:48 PM

Indiana Government Center South

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 172 of 182  
Encounter Date: 02/25/2023 04:43 PM

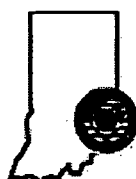
STATE001767

302 W. Washington Street  
Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth [REDACTED]

Page 173 of 182  
Encounter Date: 02/25/2023 04:43 PM

STATE001768



**State of Indiana**

**Department of Correction**

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 02/03/2020 1:18 PM  
HISTORIAN: self  
VISIT TYPE: Onsite Consult

### **Individual Counsel/Psych Prog Note**

#### **General**

Program Name: Outpatient

Start time: 12:15 PM

End time: 00 hours, 25 minutes

Duration: 00 hours, 25 minutes

#### **Individuals Present/Support Resources**

Contact type:

Onsite

Individual present.

#### **MENTAL STATUS EXAM**

##### **GENERAL OBSERVATIONS:**

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

##### **MENTAL STATUS:**

Mood: Angry Irritable

Affect: Full

Speech: Underproductive

Patient Name: RICHARDSON, JONATHAN

ID: 127630 Date of Birth: [REDACTED]

Page 174 of 182

Encounter Date: 02/03/2020 01:18 PM

STATE001769



Thought process: Logical  
Perception: WNL  
Hallucination: Denied None evidenced  
Thought content: Within normal limits  
Delusions: None Reported  
Cognition: Within normal limits  
Intelligence estimate: Average  
Insight: Within normal limits  
Judgment: Within normal limits

### Subjective Information

Individual's report of progress towards goals/objectives since last session:

Ofd. seen for scheduled follow-up therapy visit. Ofd. identifies as transgender woman and asks to be referred to as Autumn, she, or her. She appeared frustrated today, asking about the progress of getting the MMPI scored and moving ahead with gender dysphoria evaluation.

New issues/stressors/extraordinary events presented today: None reported

### Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Determine whether the offender meets criteria for gender dysphoria / determine appropriate treatment	Gather history and report of past and present symptoms that may support a diagnosis of gender dysphoria

#### Interventions/Methods Provided:

Psychologist provided updates as possible regarding the status of test scoring and feedback. Provided opportunity for offender to apply language to her internal experiences and apparent frustration, but offender declined to actively elucidate her feelings today. Agreed to meet as scheduled for follow-up and provide more timely updates if any become available.

Response to Interventions/Progress Toward Goals and Objectives:  
Stable.

### Current Assessment

Individual's progress: Minimal progress

#### Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant. Depression is not significant. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

### Risk Assessment

#### CURRENT ENCOUNTER

Risk Assessments
Patient denies suicidal ideation, plan, intent, and/or attempt.
Patient denies property damage ideation, plan, intent, and/or attempt.
Patient denies homicidal ideation, plan, intent, and/or attempt.

#### RISK ASSESSMENT HISTORY

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 175 of 182  
Encounter Date: 02/03/2020 01:18 PM

STATE001770

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		02/03/2020	02/03/2020	No				
Property	Denies		02/03/2020	02/03/2020	No				
Homicide	Denies		02/03/2020	02/03/2020	No				

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt	Description
---------	-----------------------	----------------------------	----------------------	--------------	-------------

#### SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

#### Assessment/Diagnosis

AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

AXIS V

Current GAF: 65

Date: 02/03/2020.

Highest GAF: 68

Date: 02/25/2020.

#### Plan and Additional Information

Date	Order Description
02/17/2020	MHP follow-up for Ind Tx

#### SIGNATURES

Staff: Signed by Richard J. Gale, PsyD, HSPP on 03/06/2020

#### Behavioral Health Billing

Start time: 12:15 PM  
End time: 12:40 PM  
Duration: 00 hours, 25 minutes  
Modifier: N/A

Document generated by: Richard J. Gale, PsyD 03/06/2020 12:09 PM

Indiana Government Center South

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 176 of 182  
Encounter Date: 02/03/2020 01:18 PM

STATE001771

302 W. Washington Street  
Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 177 of 182  
Encounter Date: 02/03/2020 01:18 PM

STATE001772



**State of Indiana**

**Department of Correction**

Division of Medical and Clinical Healthcare Services

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

**Facility: CIC**

PATIENT: JONATHAN RICHARDSON  
DATE OF BIRTH: [REDACTED]  
DOC #: 127630  
DATE: 01/14/2020 12:00 PM  
HISTORIAN: self  
VISIT TYPE: Onsite Consult

**Individual Counsel/Psych Prog Note**

**General**

Program Name: Outpatient

Start time: 12:00 PM

End time: 00 hours, 55 minutes

Duration: 00 hours, 55 minutes

**Individuals Present/Support Resources**

Contact type:

Onsite

Individual present.

**MENTAL STATUS EXAM**

**GENERAL OBSERVATIONS:**

Generally normal

Appearance: Within normal limits

Build/Stature: Within normal limits

Posture: Within normal limits

Eye Contact: Average

Activity: Within normal limits

Attitude toward examiner: Cooperative

Attitude toward parent/guardian: Not Applicable

Separation (for children/adolescent): Not applicable

**MENTAL STATUS:**

Unremarkable

Mood: Euthymic

Affect: Full

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 178 of 182  
Encounter Date: 01/14/2020 12:00 PM

STATE001773

Speech: Clear  
Thought process: Logical  
Perception: WNL  
Hallucination: Denied None evidenced  
Thought content: Within normal limits  
Delusions: None Reported  
Cognition: Within normal limits  
Intelligence estimate: Average  
Insight: Within normal limits  
Judgment: Within normal limits

### Subjective Information

Individual's report of progress towards goals/objectives since last session:

Otd. seen for scheduled follow-up visit. She reports that things are about the same as usual, but she has a number of questions about the MMPI-2 that she completed in December. No other issues or concerns reported today. Denies SI or HI.

New issues/stressors/extraordinary events presented today: None reported

### Goals, Objectives, and Interventions Addressed Today

Goal Today	Objective Today
Determine whether the offender meets criteria for gender dysphoria / determine appropriate treatment	Gather history and report of past and present symptoms that may support a diagnosis of gender dysphoria

#### Interventions/Methods Provided:

Psychologist answered questions about the MMPI-2 as appropriate. Identified the offender's anxiety that the test may be misinterpreted in a way that is harmful to her goals, and addressed this insecurity to the best of the psychologist's ability by reassuring the patient that item-level responses are not considered and a general pattern of response style will help with interpretation of the clinical scales.

#### Response to Interventions/Progress Toward Goals and Objectives:

Stable. Slightly anxious about the test results.

### Current Assessment

Individual's progress: Some progress

#### Assessment:

Anxiety is not significant. Cognitive issues are not significant. Substance abuse/dependence is not significant. Depression is improved. Impulse control is not significant. Psychotic symptoms are not significant. Suicidality is not significant. Mania/manic behavior is not significant. Patient is responding to treatment plan. The patient is compliant with the treatment plan. The patient is cooperative and communicative.

### Risk Assessment

#### CURRENT ENCOUNTER

##### Risk Assessments

Patient denies suicidal ideation, plan, intent, and/or attempt.  
Patient denies property damage ideation, plan, intent, and/or attempt.  
Patient denies homicidal ideation, plan, intent, and/or attempt.

#### RISK ASSESSMENT HISTORY

Risk	Current	Past	Documented	Event Date	Approximate Date	Ideation	Plan	Intent	Scale
Suicide	Denies		01/14/2020	01/14/2020	No				
Property	Denies		01/14/2020	01/14/2020	No				
Homicide	Denies		01/14/2020	01/14/2020	No				

Attempt	Planned/ Impulsive	Drug/Alcohol Influenced	Medically Treated	Plan Attempt	Description
---------	-----------------------	----------------------------	----------------------	--------------	-------------

#### SAFETY MANAGEMENT PLAN

No currently expressed suicidal or homicidal ideation or intent. No current need for safety plan.

#### Assessment/Diagnosis

##### AXIS IV

Severity: Moderate

Problem Type	No/Yes	Description
Primary Support Group	Yes	Very little external support
Social environment	Yes	Difficulty Trusting Others - suspicious - isolates
Legal system/crime	Yes	Incarcerated

##### AXIS V

Current GAF: 68

Date: 01/14/2020.

Highest GAF: 68

Date: 08/16/2019.

#### Plan and Additional Information

Date	Order Description
01/28/2020	MHP follow-up for Ind Tx

#### SIGNATURES

Staff: Signed by Richard J. Gale, PsyD, HSPP on 01/22/2020

#### Behavioral Health Billing

Start time: 12:00 PM  
End time: 12:55 PM  
Duration: 00 hours, 55 minutes  
Modifier: N/A

Document generated by: Richard J. Gale, PsyD 01/22/2020 05:18 PM

Indiana Government Center South  
302 W. Washington Street  
Indianapolis, IN 46204

Patient Name: RICHARDSON, JONATHAN  
ID: 127630 Date of Birth: [REDACTED]

Page 181 of 182  
Encounter Date: 01/14/2023 12:00 PM

STATE001776

## 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barre Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## 5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967.

*VAERS does not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)

Vaccine Information Statement  
Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only

